

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
04 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	3312796.75	
(c) Total Receipts (from Line 19)	250527.07	719927.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3563323.82	3779750.83
7. Total Disbursements (from Line 31)	59693.70	276120.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3503630.12	3503630.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	2		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73354.74	222802.59
(ii) Unitemized	25291.17	58741.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	98645.91	281544.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	103645.91	286544.31
12. Transfers From Affiliated/Other Party Committees.....	146600.00	430815.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	281.16	1068.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	250527.07	719927.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	250527.07	719927.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	743.70	2220.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	743.70	2220.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58950.00	273900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	59693.70	276120.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59693.70	276120.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	103645.91	286544.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103645.91	286544.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	743.70	2220.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	743.70	2220.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel R Kelly

Mailing Address 516 North Main Street

City State Zip Code
 Watford City ND 58854-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 McKenzie County Healthcare System Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : 19847858

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry Hancock

Mailing Address 5171 South Cottonwood Street, Suit

City State Zip Code
 Murray UT 84107-5705

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Intermountain Healthcare, Inc CEO, Urban Central Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2012

Transaction ID : 19847962

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Drew Sones

Mailing Address 14945 Janine Dr.

City State Zip Code
 Whittier CA 90605-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Presbyterian Intercommunity Hospital Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2012

Transaction ID : 19847966

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : 19848003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene A. Woods

Mailing Address 6363 North Highway 161, Suite 450

City

Irving

State

TX

Zip Code

75038-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTUS Health

Occupation

Vice President/Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : 19848004

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. David L Gray

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Hospital East

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : 19848011

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David G. Laird

Mailing Address 211 Coralberry Road

City

Louisville

State

KY

Zip Code

40207-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewish Hospital & St. Mary's HealthCar

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : 19848012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William C. Haugh

Mailing Address 1625 Nashville Street

City

Russellville

State

KY

Zip Code

42276-8853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Logan Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : 19848013

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : 19849168

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F Lynn

Mailing Address 11 Fischer Road

City State Zip Code
 Linwood NJ 08221-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President Emeritus, Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19849171

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. John T Porter

Mailing Address 3900 West Avera Drive, Suite 301

City State Zip Code
 Sioux Falls SD 57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : 19849443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary J Klimp

Mailing Address 301 Second Street NE

City State Zip Code
 New Prague MN 56071-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Health System in New Pragu

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : 19849612

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sam W Cameron

Mailing Address 116 Woodgreen Crossing

City State Zip Code
 Madison MS 39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mississippi Hospital Association

Occupation
 President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : 19849999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City State Zip Code
 Jackson MS 39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Dominic-Jackson Memorial Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : 19850005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Georgia R Fojtasek

Mailing Address 205 North East Avenue

City State Zip Code
 Jackson MI 49201-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegiance Health

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : 19850298

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Herb B Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
 Lohman MO 65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19850316

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Jean Aycok

Mailing Address 143 Lakecrest Drive. NE

City State Zip Code
 Milledgeville GA 31061-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oconee Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19852176

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James W Eyler

Mailing Address PO Box 7287

City State Zip Code
 Macon GA 31209-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coliseum Psychiatric Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19852180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anna M Adams

Mailing Address 2600 Abbotts Glen Drive

City State Zip Code
 Acworth GA 30101-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Georgia Hospital Association Government Relations Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2012

Transaction ID : 19854658

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Ginger E. Anspaugh FHFMA

Mailing Address 4002 Sunhill Court

City State Zip Code
 Woodstock GA 30189-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Georgia Hospital Association Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2012

Transaction ID : 19854659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Katherine Bell

Mailing Address 63 LaFayette Drive
 Apt 3

City State Zip Code
 Atlanta GA 30309-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Georgia Hospital Association Director of Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2012

Transaction ID : 19854661

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Bloye

Mailing Address 2813 Bakers Bridge Drive

City State Zip Code
 Douglasville GA 30134862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President of Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854662

Amount of Each Receipt this Period

504.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert E. Bolden

Mailing Address 3300 Windy Ridge Pkwy
 Unit 1408

City State Zip Code
 Atlanta GA 30339-8520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Director of Fiscal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald N Fulks

Mailing Address 1022 Peninsula Drive

City State Zip Code
 Lagrange GA 30240-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Georgia Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1504.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Goodwin

Mailing Address 1675 Terrell Mill Road

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854668

Amount of Each Receipt this Period

504.00

Full Name (Last, First, Middle Initial)

B. Ms. Lynn Hale

Mailing Address 2016 Arbor Forest Drive

City State Zip Code
 Marietta GA 30064-8378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Martha Harrell

Mailing Address 109 Springs Drive

City State Zip Code
 Roswell GA 30075-4825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

VP Educational Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1004.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ethan James

Mailing Address 1838 Ravenwood Way

City State Zip Code
 Atlanta GA 30329-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Director of Grassroots and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854671

Amount of Each Receipt this Period

596.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn McGowan

Mailing Address 4546 Windsor Oaks Ct.

City State Zip Code
 Marietta GA 30066-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President Quality & Patient Safet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854678

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William T Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code
 Johns Creek GA 30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlanta Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854680

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1596.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph A Parker

Mailing Address 3497 Mill Bridge Drive

City State Zip Code
 Marietta GA 30062-5598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854681

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City State Zip Code
 Marietta GA 30064-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854682

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Temple Sellers

Mailing Address 2684 Canna Ridge Circle

City State Zip Code
 Atlanta GA 30345-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2012

Transaction ID : 19854688

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carie Summers

Mailing Address 1675 Terrell Mill Road

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2012

Transaction ID : 19854690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Waters

Mailing Address 3675 Lassiter Road

City State Zip Code
 Marietta GA 30062-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Vice President, Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2012

Transaction ID : 19854692

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Winfield S Brown

Mailing Address 242 Green Street

City State Zip Code
 Gardner MA 01440-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 13 / 2012

Transaction ID : 19854883

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1562.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen O Moore

Mailing Address 40 Main Street Apt. A

City

Shelburne Falls

State

MA

Zip Code

01370-1155

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial-Marlborough Hospital

Occupation

Chief Executive Officer and President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 13 / 2012

Transaction ID : 19854885

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.50

Date of Receipt

04 / 06 / 2012

Transaction ID : 19854901

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Dr. Peter L Slavin

Mailing Address 55 Fruit Street

City

Boston

State

MA

Zip Code

02114-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 06 / 2012

Transaction ID : 19854908

Amount of Each Receipt this Period

1125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2062.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michele L Gougeon

Mailing Address 115 Mill Street

City

Belmont

State

MA

Zip Code

02478-1064

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLean Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854909

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth Hanover

Mailing Address 85 Herrick Street

City

Beverly

State

MA

Zip Code

01915-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854910

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

C. Mr. K. Eric Henrikson

Mailing Address 185 Mystic Valley Prkwy

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

Chairman Dept. Radiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854911

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City
Plymouth

State
MA

Zip Code
02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jordan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854912

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick L Muldoon

Mailing Address 60 Hospital Road

City

Leominster

State

MA

Zip Code

01453-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Alliance Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854913

Amount of Each Receipt this Period

937.50

Full Name (Last, First, Middle Initial)

C. Mr. Francis M Saba

Mailing Address 14 Prospect Street

City

Milford

State

MA

Zip Code

01757-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854914

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2812.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin F Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 19854915

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1147.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 19855628

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

c. Mr. Douglas A Duchak

Mailing Address 2 Witte Place

City

Mahwah

State

NJ

Zip Code

07430-3157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Englewood Hospital and Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 19855631

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1257.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.50

Date of Receipt

04 / 13 / 2012

Transaction ID : 19855633

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City
New Hope

State
PA

Zip Code
18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.63

Date of Receipt

04 / 13 / 2012

Transaction ID : 19855634

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

C. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City
Malvern

State
PA

Zip Code
19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

04 / 13 / 2012

Transaction ID : 19855635

Amount of Each Receipt this Period

7.50

SUBTOTAL of Receipts This Page (optional)..... ►

22.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

04 / 13 / 2012

Transaction ID : 19855640

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

B. Mr. Richard Boone

Mailing Address 1923 South Utica Avenue

City

Tulsa

State

OK

Zip Code

74104-5445

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

Corporate Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 12 / 2012

Transaction ID : 19855651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 12 / 2012

Transaction ID : 19855658

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

507.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jim Gebhart Jr.

Mailing Address 4300 West Memorial Road

City State Zip Code
Oklahoma City OK 73120-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Jay Johnson

Mailing Address 1202 North Muskogee Place

City State Zip Code
Claremore OK 74017-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Claremore Regional Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Murali Krishna

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Baptist Medical Center

Occupation
President Integrus Mental Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James D Moore

Mailing Address 1201 Health Center Parkway

City State Zip Code
Yukon OK 73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRIS Canadian Valley Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855692

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William G Wilson

Mailing Address P O Box 8190

City State Zip Code
Altus OK 73522-8190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson County Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855711

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Rob Covert

Mailing Address 200 North Madison Street

City State Zip Code
Marshall MI 49068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oaklawn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2012

Transaction ID : 19855718

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael J Falatko

Mailing Address 4675 Hill Street

City State Zip Code
 Cass City MI 48726-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hills & Dales General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : 19855719

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City State Zip Code
 Grand Ledge MI 48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : 19855727

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Mr. Jack Weiner

Mailing Address 44405 Woodward Avenue

City State Zip Code
 Pontiac MI 48341-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Oakland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : 19855728

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1137.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Murphy

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayhealth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 19855729

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Gail Latimer

Mailing Address 130 Country Club Dr

City State Zip Code
Lansdale PA 19446-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Siemens Medical Solutions

Occupation

Vice President and Chief Nursing Offic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 19855731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Gary P Miller

Mailing Address 7520 University Drive

City State Zip Code
Bismarck ND 58504-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Alexius Medical Center

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2012

Transaction ID : 19855734

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City
Plymouth

State
NH

Zip Code
03264-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Speare Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 19855741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey D Peterson

Mailing Address 800 East 28th Street

City

Minneapolis

State

MN

Zip Code

55407-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allina Hospitals & Clinics

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 19855783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 19855786

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ben Peltier

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 19855798

Amount of Each Receipt this Period

230.82

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Anderson JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : 19855800

Amount of Each Receipt this Period

230.82

Full Name (Last, First, Middle Initial)

c. Ms. Cynthia B Farrand

Mailing Address 1200 North Elm Street

City State Zip Code
Greensboro NC 27401-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Hospital of Greensboro

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2012

Transaction ID : 19859961

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

811.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly McNally

Mailing Address 3300 Meridian Avenue N.

City State Zip Code
 Seattle WA 98103-9150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harborview Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : 19859962

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Charlotte Burns

Mailing Address 935 Wayne Road

City State Zip Code
 Savannah TN 38372-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hardin Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : 19860001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Reginald W Coopwood

Mailing Address 877 Jefferson Avenue

City State Zip Code
 Memphis TN 38103-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Medical Center at Memphis

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : 19860002

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas H Gee

Mailing Address P O Box 1030

City

Paris

State

TN

Zip Code

38242-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry County Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

Transaction ID : 19860003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert P Main

Mailing Address One Siskin Plaza

City

Chattanooga

State

TN

Zip Code

37403-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Siskin Hospital for Physical Rehabilit

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : 19860005

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Medley

Mailing Address 501 Corporate Centre Drive, Suite

City

Franklin

State

TN

Zip Code

37067-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capella Healthcare

Occupation

President, Hospital Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2012

Transaction ID : 19860006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Charles Wright Pinson

Mailing Address 1211 22nd Avenue South

City

Nashville

State

TN

Zip Code

37232-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Healthcare

Occupation

Deputy Vice Chancellor for Health Affa

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : 19860011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Raynes

Mailing Address 100 North Crest Drive

City

Springfield

State

TN

Zip Code

37172-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northcrest Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : 19860012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Thelma Traut

Mailing Address 631 R.B. Wilson Drive

City

Huntingdon

State

TN

Zip Code

38344-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Memorial Hospital-Huntingdon

Occupation

Vice Chair

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : 19860013

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Layne Van Cleave

Mailing Address 1208 Brookview Drive

City

Brentwood

State

TN

Zip Code

37027-8424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Executive VP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : 19860014

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis Vonderfecht

Mailing Address 303 Med Tech Parkway, Suite 300

City

Johnson City

State

TN

Zip Code

37604-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Woods Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : 19860015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan L Goldbloom

Mailing Address 2525 Chicago Avenue South

City

Minneapolis

State

MN

Zip Code

55404-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospitals and Clinics of Mi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2012

Transaction ID : 19860068

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David R Hewett

Mailing Address 3708 West Brooks Place, Suite 1

City State Zip Code
 Sioux Falls SD 57106-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dakota Association of Healthcare

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 04 / 23 / 2012

Transaction ID : 19860087

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard C Breon

Mailing Address 100 Michigan Street NE

City State Zip Code
 Grand Rapids MI 49503-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 04 / 20 / 2012

Transaction ID : 19860104

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Dr. Patricia A Maryland , Dr.PH

Mailing Address 532 Barrington Court

City State Zip Code
 Bloomfield Hills MI 48304-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Providence Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 04 / 20 / 2012

Transaction ID : 19860117

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul A Spaude

Mailing Address 1521 Gull Road

City

Kalamazoo

State

MI

Zip Code

49048-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Borgess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 20 / 2012

Transaction ID : 19860132

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

B. Dr. Stuart Buttlair

Mailing Address 1950 Franklin Street
4th Floor

City

Oakland

State

CA

Zip Code

94612-5190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Foundation Hospitals

Occupation

Regional Dir of Inpatient Psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19861837

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19861838

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maureen Banks

Mailing Address Dove Avenue

City
Salem

State
MA

Zip Code
01970-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spaulding Rehabilitation Hospital Cape

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 20 / 2012

Transaction ID : 19861839

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Dr. Howard R Grant

Mailing Address 41 Mall Road

City
Burlington

State
MA

Zip Code
01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Clinic Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 20 / 2012

Transaction ID : 19861840

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. Joseph V Morrissey

Mailing Address 199 Reedsdale Road

City
Milton

State
MA

Zip Code
02186-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milton Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 20 / 2012

Transaction ID : 19861841

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

1687.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

04 / 27 / 2012

Transaction ID : 19861862

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

B. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

04 / 27 / 2012

Transaction ID : 19861866

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

C. Mr. John T Gribbin

Mailing Address 5 Ephraim Road

City

Clarksburg

State

NJ

Zip Code

08510-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 27 / 2012

Transaction ID : 19861867

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leslie D Hirsch

Mailing Address 28 MacKenzie Lane North

City State Zip Code
Denville NJ 07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.03

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19861868

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19861869

Amount of Each Receipt this Period

38.12

Full Name (Last, First, Middle Initial)

C. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City State Zip Code
Malvern PA 19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1162.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19861870

Amount of Each Receipt this Period

7.50

SUBTOTAL of Receipts This Page (optional)..... ►

195.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City State Zip Code
Freehold NJ 7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19861875

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

B. Ms. Mariann Doeling

Mailing Address 800 North Fourth Street

City State Zip Code
Carrington ND 58421-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrington Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 19862379

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis C Millirons

Mailing Address 801 Broadway North

City State Zip Code
Fargo ND 58122-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Medical Center Fargo

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 19862382

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

757.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Reed Reyman

Mailing Address 30 Seventh Street West

City State Zip Code
Dickinson ND 58601-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital and Health Cente

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 19862385

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Lisa R. Lauve

Mailing Address 3330 Masonic Drive

City State Zip Code
Alexandria LA 71301-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTUS St. Frances Cabrini Hospital

Occupation

Regional Chief Nursing Executive and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Warner L Thomas

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862393

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James T Montgomery

Mailing Address 1401 Foucher Street

City

New Orleans

State

LA

Zip Code

70115-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Touro Infirmary

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19862394

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William R Holman FACHE

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19862395

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Coletta Barrett RN, MHA

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of the Lake Regional Medical

Occupation

Vice President of Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19862396

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Cindy J Rogers

Mailing Address 3421 Medical Park Drive

City State Zip Code
Monroe LA 71203-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis North Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862400

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick J Quinlan

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862401

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd Eppler

Mailing Address P O Box 920

City State Zip Code
Springhill LA 71075-0920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Springhill Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862402

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dionne Viator CPA, FACHE

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862403

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. M. Bryan Day

Mailing Address 3600 Florida Boulevard, 4th Floor

City

Baton Rouge

State

LA

Zip Code

70806-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promise Hospital of Baton Rouge

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862404

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James E Cathey Jr

Mailing Address PO Box 2668

City

Hammond

State

LA

Zip Code

70404-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Oaks Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 19862419

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William F Barrow II

Mailing Address 611 Saint Landry St

City
Lafayette

State
LA

Zip Code
70506-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of Lourdes Regional Medical C

Occupation

Board President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 24 / 2012

Transaction ID : 19862420

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James E. May

Mailing Address 731 Elm Ave.

City

Terrace Park

State

OH

Zip Code

45174-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Partners - SW Ohio

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 27 / 2012

Transaction ID : 19862952

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. John Palmer

Mailing Address 155 East Broad Street

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Director of Media & Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 27 / 2012

Transaction ID : 19862955

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863021

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth Seely

Mailing Address 1492 East Broad Street

City State Zip Code
Columbus OH 43205-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Hospitals East

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863079

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Dr. Roy G Chew

Mailing Address 3535 Southern Boulevard

City State Zip Code
Kettering OH 45429-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863081

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter J King

Mailing Address 405 Grand Avenue

City State Zip Code
Dayton OH 45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Medical Center

Occupation
Vice President Finance and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 27 2012

Transaction ID : 19863083

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Russell Wetherell

Mailing Address 3965 Southern Boulevard

City State Zip Code
Dayton OH 45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 27 2012

Transaction ID : 19863084

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City State Zip Code
Findlay OH 45840-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blanchard Valley Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 27 2012

Transaction ID : 19863085

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry M Burns

Mailing Address 2820 Woodview Dr
#3

City State Zip Code
Beavercreek OH 45431-7730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greene Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863086

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas E Cecconi

Mailing Address 1320 Mercy Drive NW

City State Zip Code
Canton OH 44708-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Teresa M Day

Mailing Address 4533 Southern Blvd

City State Zip Code
Kettering OH 45429-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph R. Ruggles

Mailing Address 1780 Buck Creek Lane

City State Zip Code
Springfield OH 45502-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Vice President, Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19863095

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Darrold Bertsch

Mailing Address 510 Eighth Avenue NE

City State Zip Code
Hazen ND 58545-4637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sakakawea Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890875

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.60

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890878

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

895.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kim Norton Hollon

Mailing Address 680 Centre Street

City

Brockton

State

MA

Zip Code

02302-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Healthcare Brockton Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19890917

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Ms. Mary T Sweeney

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President Planning, Business Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19890921

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. John Szum

Mailing Address 3 Windsor Road

City

East Walpole

State

MA

Zip Code

02032-1359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Care Group, Inc.

Occupation

Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 19890923

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1312.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President, Rural & Mental Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890926

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary Bebow

Mailing Address P O Box 2197

City

Batesville

State

AR

Zip Code

72503-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer

White River Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890927

Amount of Each Receipt this Period

437.50

Full Name (Last, First, Middle Initial)

C. Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890928

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1437.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890929

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Beth Ingram

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

VP, Educational & Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890930

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Vincent Leist

Mailing Address 620 North Main Street

City

Harrison

State

AR

Zip Code

72601-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Arkansas Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890931

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harold Livingston

Mailing Address 5340 Longview

City
Dallas

State
TX

Zip Code
75206-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merritt Hawkins

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890932

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Debbie Love

Mailing Address 419 Natural Resources Drive

City
Little Rock

State
AR

Zip Code
72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890933

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Harold E Mitchell Jr

Mailing Address 404 South Bradley Street

City
Warren

State
AR

Zip Code
71671-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bradley County Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890934

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond W Montgomery II

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer

White County Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890935

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Scott Peek

Mailing Address P O Box 639

City

Danville

State

AR

Zip Code

72833-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chambers Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890936

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ron Peterson

Mailing Address 624 Hospital Drive

City

Mountain Home

State

AR

Zip Code

72653-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy Robertson Cook

Mailing Address 7 Crape Myrtle Place

City State Zip Code
 Little Rock AR 72210-5654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Communications Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2012

Transaction ID : 19890938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Ryall

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2012

Transaction ID : 19890939

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen C Smart

Mailing Address 318 Thompson Avenue

City State Zip Code
 El Dorado AR 71730-4569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center of South Arkansas

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2012

Transaction ID : 19890940

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rosi Smith

Mailing Address 1 Children's Way

City

Little Rock

State

AR

Zip Code

72202-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Children's Hospital

Occupation

Government Relations Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890941

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary R Sparks

Mailing Address P O Box 590

City

Wynne

State

AR

Zip Code

72396-0590

FEC ID number of contributing
federal political committee.

C

Name of Employer

CrossRidge Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890942

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Melody Trimble

Mailing Address P O Box 17006

City

Fort Smith

State

AR

Zip Code

72917-7006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sparks Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19890943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jodiane Tritt

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890944

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Elisa M. White

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth Aderholdt

Mailing Address One Genesys Parkway

City

Grand Blanc

State

MI

Zip Code

48439-8065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesys Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890946

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. David E. Blair MD

Mailing Address 7417 Old Lantern Dr. SE

City

Caledonia

State

MI

Zip Code

49316-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Mary's Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890948

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Brett

Mailing Address 339 Kensington Road

City

East Lansing

State

MI

Zip Code

48823-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890949

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Garry C Faja

Mailing Address 400 West Russell Street

City

Saline

State

MI

Zip Code

48176-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Saline Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19890950

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terence E Hamilton

Mailing Address 5622 Springbrook

City

State

Zip Code

Troy

MI

48098-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. John Providence Health System

Senior Vice President, Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19891003

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Ms. Edith M Hughes

Mailing Address 24498 E River Road

City

State

Zip Code

Grosse Ile

MI

48138-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oakwood Southshore Medical Center

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

04 / 30 / 2012

Transaction ID : 19891005

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Nancy McKeague

Mailing Address 627 N Harrison

City

State

Zip Code

East Lansing

MI

48823-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Michigan Health & Hospital Association

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

04 / 30 / 2012

Transaction ID : 19891013

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

997.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1045726226176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1057462126176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Stephanie H. Drake

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1492459926176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1671258626176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr Robert P. David

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1677512426176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR1819487926176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR327629126176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR32777826176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR327812026176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR327858026176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR327877826176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City Chicago State IL Zip Code 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR327895726176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR328132826176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lorschbach

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR328136926176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR328223826176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR328241426176

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR328260926176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR328511826176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

237.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR328913326176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR329071326176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR329215726176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : PR330411626176

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : PR330475426176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : PR330549226176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

237.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
 Alexandria VA 22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR331304226176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code
 Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR331533226176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2012

Transaction ID : PR346168126176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR518031926176

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR766023726176

Amount of Each Receipt this Period

59.30

P/R Deduction (\$29.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

136.24

73354.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 90

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TENET Healthcare Corporation Federal PAC

Mailing Address 1445 Ross Avenue
Suite 1400

City State Zip Code
Dallas TX 75202

FEC ID number of contributing
federal political committee.

C C00119354

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **09** / **2012**

Transaction ID : 19847970

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 90

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

04 / 11 / 2012

Transaction ID : 19848000

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City	State	Zip Code
Harrisburg	PA	17105-8600

FEC ID number of contributing federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

04 / 16 / 2012

Transaction ID : 19854857

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

C. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City	State	Zip Code
Harrisburg	PA	17105-8600

FEC ID number of contributing federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

04 / 09 / 2012

Transaction ID : 19854893

Amount of Each Receipt this Period

20000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 90

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

04 / **20** / **2012**

Transaction ID : 19859960

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26000.00

Date of Receipt

04 / **19** / **2012**

Transaction ID : 19859978

Amount of Each Receipt this Period

26000.00

Full Name (Last, First, Middle Initial)

C. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

04 / **25** / **2012**

Transaction ID : 19861829

Amount of Each Receipt this Period

20000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

66000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 90
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

04 / **25** / **2012**

Transaction ID : 19861830

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4415.00

Date of Receipt

04 / **24** / **2012**

Transaction ID : 19861834

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20600.00

146600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 90
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : 19891487

Amount of Each Receipt this Period

281.16

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

281.16

281.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 90

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 05 2012
Transaction ID : 19891480

Amount of Each Disbursement this Period

125.13

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 04 2012
Transaction ID : 19891482

Amount of Each Disbursement this Period

493.76

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 03 2012
Transaction ID : 19891485

Amount of Each Disbursement this Period

124.81

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

743.70

743.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robert W. Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2012

Transaction ID : 19840445

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ed Royce For Congress

Mailing Address P.O. Box 2525

City	State	Zip Code
Orange	CA	92859

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edward R. Royce

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2012

Transaction ID : 19840446

Amount of Each Disbursement this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2012 Contribution

Candidate Name

Jobs, Opportunity & Education, PAC (JOEPAC)

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
-------------------	--	----------------------------------

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2012

Transaction ID : 19840447

Amount of Each Disbursement this Period

2500.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3400.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Jobs PAC

Mailing Address P.O. Box 763

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement
2012 Contribution

Candidate Name

New York Jobs PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2012

Transaction ID : 19840448

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Bob Casey for Senate CommitteeMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

Candidate Name

Sen. Bob CaseyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

Transaction ID : 19852203

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Huffman for Congress 2012 Exploratory Co

Mailing Address PO Box 151563

City	State	Zip Code
San Rafael	CA	94915

Purpose of Disbursement
Contribution

Candidate Name

Jared HuffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

Transaction ID : 19852204

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Keating Committee; The

Mailing Address PO Box 690353

City
QuincyState
MAZip Code
02269Purpose of Disbursement
Contribution

Candidate Name

Mr. William KeatingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2012

Transaction ID : 19852205

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Higgins For Congress

Mailing Address PO Box 28

City
BuffaloState
NYZip Code
14220Purpose of Disbursement
Contribution

Candidate Name

Rep. Brian M. HigginsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859551

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City
SeafordState
NYZip Code
11783Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter T. KingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859555

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Bishop For Congress

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859556

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Congressman Tim Holden

Mailing Address 18 North Second Street, Box 37

City	State	Zip Code
Saint Clair	PA	17970

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim HoldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859557

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859558

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859559

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. McKinley For Congress

Mailing Address 32 20th Street

City	State	Zip Code
Wheeling	WV	26003

Purpose of Disbursement
Contribution

Candidate Name

Rep. David McKinleyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859561

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Butterfield For Congress

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

Rep. George K. ButterfieldOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859562

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Moore For Congress

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gwendolynne MooreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859564

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael ThompsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859565

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Senate Victory Fund PAC

Mailing Address PO Box 7274

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement
2012 Contribution

Candidate Name

Senate Victory Fund PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2012

Transaction ID : 19859566

Amount of Each Disbursement this Period

5000.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Earl BlumenauerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2012

Transaction ID : 19859567

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City	State	Zip Code
Chatanooga	TN	37403

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert CorkerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : 19861842

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City	State	Zip Code
Chatanooga	TN	37403

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert CorkerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : 19861843

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Castro for Congress

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement
Contribution

Candidate Name

Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19861844

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 904

City	State	Zip Code
Dunn	NC	28335

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee EllmersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19861845

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 904

City	State	Zip Code
Dunn	NC	28335

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee EllmersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19861886

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Janice D. Schakowsky

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 09

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19862354

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address P.O. Box 1863

City	State	Zip Code
Indianapolis	IN	46206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Andre Carson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IN	District: 07

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19862363

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Manchin For West Virginia

Mailing Address PO Box 5202

City	State	Zip Code
Charleston	WV	25361

Purpose of Disbursement
Contribution

Candidate Name

Mr. Joe Manchin

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : 19862364

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Heartland Values PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862370

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. McCaskill For Missouri 2012Mailing Address 700 13th Street, N.W.
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Claire McCaskillOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862373

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Coble For Congress

Mailing Address PO Box 1177

City	State	Zip Code
Greensboro	NC	27402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Howard CobleOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862388

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen F. Lynch For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Mailing Address 105 Farragut Road

City	State	Zip Code
South Boston	MA	02127

Transaction ID : 19862389Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Stephen F. LynchCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: MA District: 09

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Transaction ID : 19862391Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Sander M. LevinCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: MI District: 09

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Transaction ID : 19862397Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

500.00

Candidate Name

Rep. Xavier BecerraCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: CA District: 34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael H. MichaudOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862424

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette	State LA	Zip Code 70598
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charles W. Boustany Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862428

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul	State MN	Zip Code 55104
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Amy KlobucharOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : 19862429

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta	State GA	Zip Code 30355
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Saxby ChamblissOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891184

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles	State CA	Zip Code 90026
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891187

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891190

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. CAP PAC

Mailing Address P.O. Box 70980

City
WashingtonState
DCZip Code
20024Purpose of Disbursement
2012 Contribution

011

Candidate Name

CAP PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891191

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Longhorn PACMailing Address 228 S. Washington St.
Suite B-20City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2012 Contribution

011

Candidate Name

Longhorn PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891192

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Schiff For CongressMailing Address 777 S. Figueroa St.
Suite 4050City
Los AngelesState
CAZip Code
90017Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Adam B. Schiff

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891194

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont	State CA	Zip Code 94537
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Fortney Peter StarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2012

Transaction ID : 19891195

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City Honeoye	State NY	Zip Code 14471
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Louise McIntosh SlaughterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2012

Transaction ID : 19891197

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City Hood River	State OR	Zip Code 97031
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gregory P. WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2012

Transaction ID : 19891198

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4300.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gregory P. Walden

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

Transaction ID : 19891199

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

58950.00
